

Michigan Department of Community Health  
**Board of Pharmacy**  
P.O. Box 30670  
Lansing, Michigan 48909  
(517) 335-0918  
[www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense)

## PHARMACY LICENSURE INSTRUCTIONS

Authority: P.A. 368 of 1978, as amended  
This form is for information only

**NOTE:** It is your responsibility to have all required documentation sent to the Board of Pharmacy. Questions regarding your application can be directed to the Michigan Board of Pharmacy at (517) 335-0918 three weeks after the date you sent the application. Please allow 4-6 weeks processing time. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.

### OPENING A NEW PHARMACY

1. The application, ADP System Approval Request form, and Self-Inspection form should be completed in their entirety and returned to the board office with appropriate fees.
2. Applicants that are partnerships, corporations, or operating under an assumed name must file their application for a pharmacy license along with copies of:
  - 1) Partnership Certificates
  - 2) Articles of Incorporation and/or Assumed Name Certificates.
3. Complete the information on the application as to the opening date of the pharmacy, name and telephone number of person to contact.
4. Complete the Controlled Substance application and submit it to the board office along with the \$85.00 fee. A separate controlled substance license is required for each business location from which you manufacture, distribute, or dispense controlled substances.

Upon receipt of fees and all pertinent documents, your application will be reviewed for compliance with Administrative Rules 11 and 12 of the Michigan Board of Pharmacy. If the application and checklist are satisfactory, a permanent identification number will be assigned, and a pharmacy and controlled substance license will be issued.

**NOTE TO OUT-OF-STATE APPLICANTS** - Section 333.17748 of the Michigan Public Health Code and Rule 338.477 of the Administrative Rules of the Michigan Board of Pharmacy require pharmacy applicants to designate a licensed pharmacist to be in charge. A pharmacist-in-charge must hold a license in the state where the pharmacy is located. You will not receive a Michigan pharmacy license without complying with this requirement.

### SALE OR TRANSFER OF A PHARMACY

The following changes constitute a transfer:

1. Complete (100%) change of ownership in existing pharmacy.
2. Sale of stock from original owner to new owner.
3. Widow/widower of owner who is not listed as an owner in existing pharmacy.

If one of the above applies to your situation, you must submit the following:

1. The application, ADP System Approval Request form, and Self-Inspection form should be completed in their entirety and returned to the board office with appropriate fees. You are not required to file a new controlled substance application and fee.

2. Affidavits from both buyer and seller stating the actual consummation date of the sale or transfer. Please submit name and telephone number of person to contact.
3. If the application indicates that the pharmacy ownership will be a partnership, corporation, or operating under an assumed name, the applicant must submit copies of:

1) Partnership Certificates

2) Articles of Incorporation and/or Assumed Name Certificates

Upon receipt of fees and all pertinent documents, including the Affidavit that states when the sale or transfer will occur, your application will be reviewed for compliance with Administrative Rules 11 and 12 of the Michigan Board of Pharmacy. If the application and checklist are satisfactory, a permanent identification number will be assigned, and pharmacy and controlled substance license will be issued.

**NOTE TO OUT-OF-STATE APPLICANTS** - Section 333.17748 of the Michigan Public Health Code and Rule 338.477 of the Administrative Rules of the Michigan Board of Pharmacy require pharmacy applicants to designate a licensed pharmacist to be in charge. A pharmacist-in-charge must hold a pharmacist license in the state where the pharmacy is located. You will not receive a Michigan pharmacy license without complying with this requirement.

### **RELICENSURE OF A PHARMACY (PREVIOUSLY LICENSED IN MICHIGAN)**

The applications for the Pharmacy Relicensure and Controlled Substance license should be completed in their entirety and returned to the board office with the appropriate fees.

### **RELOCATION OF A PHARMACY**

1. The application, ADP System Approval Request form, and Self-Inspection form should be completed in their entirety and returned to the board office with the \$55.00 fee. You are not required to file a new controlled substance application and fee.
2. Complete the information on the application about the proposed date of change of location, person to contact and telephone number.

Upon receipt of the fee and all pertinent documents, your application will be reviewed. If the application and checklist are satisfactory, the same permanent identification number will be retained, and a new pharmacy and controlled substance license will be issued to reflect the new address.

If a pharmacy area is moving within the building, no fee is required. No notification to the board office is necessary.

### **MISCELLANEOUS PHARMACY CHANGES**

The following changes constitute miscellaneous changes, which may require a fee:

1. Partner or stockholder change.
2. Change in name of store/corporation where no change in ownership occurs.
3. Change in pharmacist-in-charge designation.

If one of the above applies to your situation, you must contact the board office at (517) 335-0918 to request an Application for Miscellaneous Pharmacy Change.

### **CLOSING OF A PHARMACY**

The owner of a pharmacy being closed must notify the Michigan Board of Pharmacy of the effective closing date of the pharmacy and must return the current pharmacy license and controlled substance license to the Board office. The Board of Pharmacy must be notified about the disposition of the prescription files and prescription drugs for both controlled substances and non-controlled substances.

Upon receipt of the above information, our files for your pharmacy will indicate that it is closed.

For information concerning **Federal Drug Enforcement Administration** (DEA) requirements for pharmacy closings, contact the DEA at their Detroit office, 1-800-882-9539.

## **DEA INFORMATION**

You may also apply to the Drug Enforcement Administration (DEA) for registration under the Federal Controlled Substances Act at the same time you apply for the Board of Pharmacy application. A federal application may be obtained from the Department of Justice Drug Enforcement Administration, 431 Howard Street, Detroit, Michigan 48226. The telephone number is 1-800-882-9539. All questions concerning the federal license should be directed to that office.

**Board of Pharmacy**

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www.michigan.gov/healthlicense

**APPLICATION FOR PHARMACY LICENSE**

Authority: Public Act 368 of 1978, as amended.  
If this form is not completed, a license will not be issued.

A controlled substance license is required for every person who prescribes, manufactures, distributes, or dispenses any controlled substance in Michigan as described in Article 7 of Public Act 368 of 1978, as amended. Information on obtaining a Federal controlled substance license may be obtained by contacting the Regional Branch, Drug Enforcement Administration, 431 Howard Street, Detroit, MI 48226 (Telephone 1-800-882-9539).

Board Use Only

License Number

Date of Licensure

**SECTION I - Pharmacy Information - Complete this section in its entirety.****Type or Print Only****I AM APPLYING FOR THE FOLLOWING:**

- ☐ New Store License/Controlled Substance - Fee: \$180.00 71-5301-375701
- ☐ Store Transfer - Fee: \$180.00 71-5301-375701
- ☐ Pharmacy Relicensure - Fee: \$200.00 71-5301-375706
- ☐ Relocation - Fee: \$55.00 71-5301-33

Proposed Opening Date of Pharmacy: \_\_\_\_\_

Proposed Date of Store Transfer: \_\_\_\_\_

Proposed Date of Relocation: \_\_\_\_\_

**Controlled Substance License: Complete the attached DCH/LPH-090 form and return with 1 year fee of \$85.00.**

Your check or money order drawn on a US financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application. **DO NOT SEND CASH.** Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

**I AM APPLYING AS (check one from each category):**Type of PharmacyType of Ownership

- |                                   |   |  |   |
|-----------------------------------|---|--|---|
| <input type="checkbox"/> Retail   | <input type="checkbox"/> HMO                              | <input type="checkbox"/> Partnership         | <input type="checkbox"/> Individual Owner   |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Educational Institution Pharmacy | <input type="checkbox"/> Private Corporation | <input type="checkbox"/> Public Corporation |

Name of Pharmacy	*If Transfer, Give Name of Former Pharmacy and MI permanent I.D. Number		
Name of Contact Person	Phone Number of Contact Person		
Street Address	City	State	ZIP Code
If Relocation, Give New Street Address	City	State	ZIP Code
Business Telephone Number	County	Federal Employer (Tax) I.D. Number	
Name of Corporation (If Applicable)	If Relicensure or Relocation, List Pharmacy MI Permanent I.D. Number		

**SECTION II**

**List the names, MI Permanent I.D. Numbers, and percentage of stock owned by each individual who is a Pharmacist licensed in Michigan. If none, indicate "none" below.**

Pharmacist's Name	MI Permanent I.D./License Number	Percentage of Stock Owned

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Name

### SECTION III - Designation of Pharmacist-In-Charge

The individual named below is designated as the Pharmacist-In-Charge for this pharmacy and responsible for compliance with federal and state laws and Board of Pharmacy rules regulating the distribution of drugs and the practice of pharmacy.

**For Michigan Pharmacy:**

Michigan Pharmacist-In-Charge

MI Permanent I.D. Number

**For out-of-state Pharmacy:**

### Out-of-State Pharmacist-In-Charge

Pharmacist License Number

**SECTION IV - Attach a detailed explanation for any YES response checked below.**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Has any individual director, employee, officer, owner, or stockholder ever been convicted of a misdemeanor or a felony?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Has any individual director, employee, officer, owner, or stockholder ever had a financial interest in a pharmacy, manufacturer, or wholesale distributor which has | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| a. been denied a license or federal registration?  |                              |                             |
| b. had its license or federal registration limited, surrendered, suspended, or revoked?  |                              |                             |
| c. been subject to any other criminal, civil, or administrative penalty?   |                              |                             |
| 3. Has any pharmacist owner, Michigan pharmacist licensee, director, employee, officer, or stockholder ever had a license or federal registration                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| a. denied, limited, reprimanded, suspended, or revoked?  |                              |                             |
| b. been subject to any other criminal or civil penalty?  |                              |                             |

## SECTION V - Relocation Information

New Street Address

City

State

Zip Code

New Business Telephone Number with Area Code

County

## SECTION VI

List the names and addresses of all partners, officers, and members of the board of directors, or the single owners of the pharmacy. If the pharmacy is a privately held corporation, attach a list of all stockholders and the percentage of stock owned by each stockholder.

NAME AND ADDRESS	TITLE	AMOUNT OF STOCK OWNED (%)	SOCIAL SECURITY NUMBER

## CERTIFICATION

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record-keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature of Applicant

Date \_\_\_\_\_

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### PHARMACY ADP SYSTEM APPROVAL REQUEST

Authority: Public Act 368 of 1978, as amended  
If this form is not completed, a license will not be issued.

**PRESCRIPTION RECORDS: Checklist for Automated Data Processing (ADP) System. If a computer (ADP) system is used, please answer the following questions:**

**Type or Print Only**

Name of Pharmacy		Michigan Permanent I.D. Number and Expiration Date	
Street Address of Pharmacy		Pharmacy Telephone Number	
City		State	ZIP Code
Name of ADP Software System		The Terminal System is (Check One) <input type="checkbox"/> On Line <input type="checkbox"/> Stand Alone	
Company Name	Company Telephone Number	Company Representative Name	
Street Address of Company			
City		State	ZIP Code

1. The information entered on the ADP record must include, but is not limited to, the following (check appropriate box):

**CR = Computer Record**

**L = Rx Label**

Prescription Number	<input type="checkbox"/> CR	<input type="checkbox"/> L	Manufacturer or Supplier of Drug Dispensed	<input type="checkbox"/> CR	<input type="checkbox"/> L
Patient's Name	<input type="checkbox"/> CR	<input type="checkbox"/> L	Name, strength, dosage form, quantity of drug, prescribed and dispensed originally and refilled	<input type="checkbox"/> CR	<input type="checkbox"/> L
Patient's Address	<input type="checkbox"/> CR	<input type="checkbox"/> L	Is drug dispensed DAW?	<input type="checkbox"/> CR	<input type="checkbox"/> L
Prescriber's Name	<input type="checkbox"/> CR	<input type="checkbox"/> L	Date and initials of dispensing pharmacist on original and each refill	<input type="checkbox"/> CR	<input type="checkbox"/> L
Prescriber's DEA Number	<input type="checkbox"/> CR	<input type="checkbox"/> L	Date of Rx issuance	<input type="checkbox"/> CR	<input type="checkbox"/> L
Number of Authorized refills	<input type="checkbox"/> CR	<input type="checkbox"/> L			

2. Are computer prescription records retained at the pharmacy for five years subject to inspection of Board agents? ☐ Yes    ☐ No

3. Is a R.Ph security code required to activate the ADP System in the A.M.? ☐ Yes    ☐ No

Do any other pharmacy or store personnel have access to the individual R.Ph. codes? ☐ Yes    ☐ No

If yes, who? \_\_\_\_\_

4. Are ALL prescriptions entered into the ADP system including those that are not refillable? ☐ Yes    ☐ No

5. Does the ADP system provide for immediate on-line retrieval of all original and refilled prescription data that is 16 months old or less and retrieval within 72 hours for data older than 16 months? ☐ Yes    ☐ No

NAME \_\_\_\_\_

6. Is the ADP system capable of producing a hard copy printout of all original and refilled prescription data? ☐ Yes ☐ No

Does this include

Prescription-by-prescription audit trail (specific patient)?

☐ Yes ☐ No

Refill-by-refill audit trail (specific prescription)?

☐ Yes ☐ No

Could a controlled substance audit be done on:

A drug by each strength (15 mg, 10 mg, 5 mg)

☐ Yes ☐ No

A drug by dosage form (tablets, capsules)?

☐ Yes ☐ No

Drugs written by specific prescriber?

☐ Yes ☐ No

Are hard copy printouts available for immediate review for all computer entries since the last controlled substance inventory?

☐ Yes ☐ No

7. Does the pharmacy maintain a computer generated daily log for new and refill controlled substance prescriptions that includes a statement signed by the pharmacist at the end of each working day that the ADP information on Rx's he/she filled:

☐ Has been reviewed? ☐ Is correct? ☐ Is complete? ☐ Has R.Ph signature?

☐ Contains the pharmacist's identifying designation?

Is this log maintained at the pharmacy for five years?

☐ Yes ☐ No

8. Describe the system of recording new prescriptions and refill information in the event of down-time on the ADP system.

\_\_\_\_\_

9. Describe the arrangements made with the ADP system supplier for continuity of records in the event of contract termination.

\_\_\_\_\_

10. Are prescription records subject to confidentiality? ☐ Yes ☐ No

Explain: \_\_\_\_\_

\_\_\_\_\_

11. Is there a safeguard built into the system in case of power failure? ☐ Yes ☐ No

Explain: \_\_\_\_\_

\_\_\_\_\_

### CERTIFICATION

I, \_\_\_\_\_, R.Ph., certify that my responses to this checklist are true and accurate  
Print or Type Name

and that I am employed as the Pharmacist-in-Charge or the Owner of this pharmacy.

Signature of Pharmacist-in-Charge/Owner

Date

**Board of Pharmacy**

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**PHARMACY SELF-INSPECTION FORM**

Authority: Public Act 368 of 1978, as amended  
 If this form is not completed, a license will not be issued.

**Type or Print Only**

Name of Pharmacy		Date Opening, Transferring and Relocating
Street Address	City	
State	ZIP Code	County
Pharmacy Telephone Number	Pharmacy Hours	
Non-Pharmacist Owner of Pharmacy	Name of Pharmacist-in-Charge and MI License #	
Non-Pharmacist Owner of Pharmacy	Employee Pharmacist and MI License #	
Non-Pharmacist Owner of Pharmacy	Employee Pharmacist and MI License #	
Owner of Pharmacy	Employee Pharmacist and MI License #	
Is the pharmacy approved for Intern Training? <input type="checkbox"/> No <input type="checkbox"/> Yes - If Yes, Please complete the following:		
Name of Intern and MI License # _____		Name of Intern and MI License # _____
Name of Intern and MI License # _____		Name of Intern and MI License # _____
Name of Preceptor _____		Name of Preceptor _____
<b>Pharmacy Department Staff</b>	<b># of Full time Staff</b>	<b># of Part Time Staff</b>
Pharmacists	_____	_____
Interns	_____	_____
Other	_____	_____

**ANY NEW PHARMACY, ANY PHARMACY THAT IS MOVING FROM ONE LOCATION TO ANOTHER, OR ANY PHARMACY TRANSFERRING OWNERSHIP, MUST COMPLY WITH THE FOLLOWING PROVISIONS:**

Each pharmacy must be equipped with proper pharmaceutical utensils so that prescriptions can be properly filled and compounded and U.S. Pharmacopoeia and National Formulary preparations properly prepared.

**PHARMACY CHECKLIST**

Instructions: Please indicate by placing a check in the appropriate box as indicated.

1. Does the pharmacy have the necessary technical equipment to compound and dispense prescription drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. Are three separate prescription files maintained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Schedule 2      Schedules 3,4, and 5      Other Legend Drugs		
b. Prescription medication containers available in appropriate sizes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Safety closure prescription containers available in appropriate sizes and used routinely?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Schedule 5 OTC sales record book is maintained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



NAME

2. Is there a well lighted, ventilated area of 150 square feet minimum devoted entirely to the pharmacy area? ☐ Yes ☐ No
3. Clean and sanitary conditions? ☐ Yes ☐ No
4. Prescription counter has at least 10 square feet work area plus 4 square feet for each additional pharmacist on duty, free of obstruction? ☐ Yes ☐ No
5. Does the pharmacy occupy less than the entire area controlled by the licensee?  
If no, does the licensee control the entire area in which the pharmacy is located?  
If yes, does the pharmacy have a permanent partition enclosure from floor to ceiling that is lockable? ☐ Yes ☐ No
6. Sink with hot and cold running water? ☐ Yes ☐ No
7. Refrigerator of adequate capacity? ☐ Yes ☐ No
8. List the names of two (2) pharmacy reference texts or electronic media on site that pertain to drug interactions, drug product composition, and pharmacology.

9. Current copy of the Michigan Public Health Code - Dated: \_\_\_\_\_ ☐ Yes ☐ No
10. Current Michigan Pharmacy Administrative Rules - Dated: \_\_\_\_\_ ☐ Yes ☐ No
11. Are all licenses of pharmacists conspicuously displayed? ☐ Yes ☐ No
12. Will all prescription labels indicate brand name, generic name, and name of manufacturer or distributor if drug product selection is utilized? ☐ Yes ☐ No
13. Do pharmacists number, initial, and date all original prescriptions? ☐ Yes ☐ No
14. Will the manufacturer's or distributor's name be indicated on all prescriptions where drug product selection is utilized or if prescription is written generically? ☐ Yes ☐ No
15. Are all prescriptions retained for five years? ☐ Yes ☐ No
16. Have all outdated drugs been removed from the prescription department shelves? ☐ Yes ☐ No
17. Has DEA Registration been applied for? ☐ Yes ☐ No
18. Have DEA Registration and Order Forms been received? ☐ Yes ☐ No

DEA Registration Number \_\_\_\_\_

Expiration date of DEA Registration \_\_\_\_\_

19. Have you applied for central record keeping with DEA and the Board of Pharmacy?  
If applying, at what address will the records be kept? ☐ Yes ☐ No

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

20. Are controlled substances stored in a cabinet? ☐ Yes ☐ No
- Is this cabinet secured to the floor or wall? ☐ Yes ☐ No
- Is this cabinet substantially constructed and securely lockable? ☐ Yes ☐ No

NAME

21. Security provided for the pharmacy area - Explain alarm system:

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22. Are controls in effect in the pharmacy department to prevent theft and diversion of controlled substances?

☐ Yes ☐ No

23. Has a controlled substances inventory been taken?

☐ Yes ☐ No

Is it on site and properly documented? Date taken: \_\_\_\_\_

☐ Yes ☐ No

24. Are all controlled substance purchase records to be kept on site?

☐ Yes ☐ No

25. Will all controlled substances invoices be initialed and dated by a pharmacist?

☐ Yes ☐ No

26. Are Schedule 2 invoices filed separately from all other purchase invoices?

☐ Yes ☐ No

27. Are Schedules 3,4, and 5 controlled substance invoices filed separately or readily retrievable?

☐ Yes ☐ No

28. Will DEA-222 Schedule 2 Order Forms be maintained as required?

☐ Yes ☐ No

29. How are prescription refill records maintained? Check one:

- ☐ Initialed and dated on back of Rx  
☐ Paper profile maintained (See Below)  
☐ Computer

**IF PAPER PROFILE IS TO BE MAINTAINED, PLEASE ANSWER THE FOLLOWING:**

30. Does the profile system indicate the drug name, strength, and directions for use of all drugs entered?

☐ Yes ☐ No

31. Are all prescriptions entered on the system - new Rx's and refills?

☐ Yes ☐ No

32. Are DAW prescriptions so designated?

☐ Yes ☐ No

33. Is the manufacturer's or distributor's name indicated if drug product selection is used or if prescription is written generically?

☐ Yes ☐ No

34. Is the pharmacist who filled or refilled the prescription initialing each entry?

☐ Yes ☐ No

35. Are the profiles maintained for five years?

☐ Yes ☐ No

**FOR OUT-OF-STATE PHARMACIES ONLY**

Section 333.17763 of the Occupational Regulation Sections of the Michigan Public Health Code prohibits the use of the mail to sell, distribute, or deliver a prescription drug when the prescription for the drug is received by mail .

36. Do you receive prescriptions by mail and deliver those same prescriptions drugs by mail? ☐ Yes ☐ No

**CERTIFICATION**

I, \_\_\_\_\_, R.Ph., certify that my responses to this checklist are true and accurate  
Print or Type Name

and that I am employed as the Pharmacist-in-Charge or the Owner of this pharmacy.

Signature of Pharmacist-in-Charge

Date

Signature of Owner

Date